

S. No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1945  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34367

State File No. \_\_\_\_\_

Registration District No. 274 Primary Registration District No. 5927 Registrar's No. 390

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Rural-Greenridge Twn.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Aletha Poulter  
3. (b) If veteran, name war 4-5 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Andy Poulter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 4, 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 24th  
year 1946 hour 5 minute 0 a. M.  
21. I hereby certify that I attended the deceased from Sept 20-46  
\_\_\_\_\_, 19\_\_\_\_, to Sept-23, 1946  
that I last saw her alive on Sept 23, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 2 20 hr. \_\_\_\_\_ min.

Immediate cause of death  
Coronary Embolism  
Due to arterial stenosis  
Duration \_\_\_\_\_

9. Birthplace Granger County, Tenn.  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home  
11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 9/2/46  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name George W. Key  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Moody  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Russell Morgan  
(b) Address Kansas City, Mo.  
17. (a) burial (b) Date thereof Sept. 26, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Missouri  
18. (a) Signature of funeral director Wm. H. Hinton  
(b) Address Windsor, Mo  
19. (a) 10-11-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's name)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. H. Hinton (M.D. or other)  
Address Windsor, Mo Date signed 10/24/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

251

(Decedent Embalmer's Statement on Reverse Side)

District Health Officer

District File Number

Date Filed

10-17-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*E. E. H. H. H.*

Licensed Embalmer No.

3391

P. O. Address

*Windsor, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**